OMB #1029-0119 Expiration Date: 01/31/2010

## AML CONTRACTOR INFORMATION FORM

You must complete this form for your AML contracting officer to request an AML eligibility evaluation from the Office of Surface Mining to determine if you are eligible to receive an AML contract. This eligibility requirement applies to contractors and their sub-contractors and is found under OSM's regulations at 30 CFR 874.16.

Part A: General Info	ormation		
	Tax Payer ID No.:		
Address:	C4-4-	7:- C- 1	DL
City:	State: E-mail add	_ Zip Code:	Phone:
rax No.:	E-man add	ress:	
Part B: Legal Struc	ture		
	( ) Sole Proprietorship cify)		
•	•		nt/Violator System (AVS). for that option, and sign below.
I,		have the express a	uthority to certify that:
to-date. If yo	on the <b>attached</b> Entity O	must attach an E	ccurate, complete, and up- ntity OFT from AVS to this
and the information you <b>must</b> atta	nation in AVS for my co	ompany must be up AVS to this form.	n AVS is missing or incorrect odated. If you select this option Use Part D to provide missing olete Part D.
	•	-	you select this option, you must be below and complete Part D.
Date	S	ignature	Title

## **IMPORTANT!**

In order to certify in Part C to the accuracy of existing information in AVS, you must obtain a copy of your business' Entity OFT. To obtain an Entity OFT, contact the AVS Office, toll-free, at 800-643-9748 or request it from <a href="https://www.avs.osmre.gov">www.avs.osmre.gov</a> on the Internet.

## Part D.

If the current entity and Entity OFT information for your business is incomplete or incorrect in AVS, or if there is no information in AVS for your business, you must provide all of the following information as it applies to your business affiliations. Please make as many copies of this page as you require.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- All Directors;
- All persons performing a function similar to a Director;
- Every person or business that owns 10% or more of the voting stock in your business;
- Every partner, if your business is a partnership;
- Every member and manager, if your business is a limited liability company; and
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.

Name	Position/Title
Address	Telephone #
	% of Ownership
Begin Date:	D. P. D.
Name	Position/Title
Address	Telephone #
	% of Ownership
Begin Date:	
Name	Position/Title
Address	Talanhana #
	% of Ownership
Begin Date:	
Name	Position/Title
Address	Talanhona #
	% of Ownership
Begin Date:	Ending Date:

## PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information is necessary for all successful bidders prior to the distribution of AML funds, and is required to obtain a benefit.

Public reporting burden for this form is estimated to average <u>45 minutes</u> per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 210 SIB, Constitution Ave., NW, Washington, D.C. 20240.